

# The Effect of Self-efficacy Group Training on the Increase Self-efficacy for Social Situations and Decrease Social phobia in Female Colleges Of Isfahan University

Azam Moradi<sup>1</sup>, Fatemeh Gholami Renani<sup>2</sup>, Mohammad Bagher Kajbaf<sup>2</sup>, Hamid Taher Neshat-Doost<sup>2</sup>

<sup>1</sup>Educational Science and Psychology Department, Payame Noor University, 19395-4697 Tehran, I. R. of IRAN

<sup>2</sup>Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, I. R. of IRAN

\*corresponding Author, Email:am902801@gmail.com

**(Abstract)** Object: The purpose of this study was to determine the efficacy of self-efficacy group training on Self-efficacy for Social Situations, social phobia, social interaction anxiety, and scrutiny fear. Method: The total of 20 college females of University of Isfahan participated in this study. All of the individuals reported symptoms meeting criteria for a principal diagnosis of Social Phobia, as determined by DSM-IV. The subjects randomly assigned to two experimental and control groups. Before administration of the first session of group training, Self-efficacy for Social Situations Scale (SESS), Social Interaction Anxiety Scale (SIAS), and Social Phobia Scale (SPS), was administrated to both the experimental and control groups as the pre-test. Then eight sessions of self-efficacy group training was administrated for the experimental group. The content of the sessions which was designed based on Bandura's self-efficacy theory and was focused on increasing the self-efficacy for social situations, consisted of enactive mastery exercise, role playing, lecture of guest model, verbal persuasion, education about the origins of social phobia and their reciprocal relations with self-efficacy for social situations, social skills training, applied relaxation education, and homework assignments. At the end of the group training sessions, the post-tests (SIAS, SPS, SIAS) were administrated to both the experimental and control groups. Results: The results of analysis of covariance showed that self-efficacy group training significantly increased self-efficacy for social situations ( $P=0.021$ ), and significantly reduced the degree of social phobia ( $P=0.003$ ), social interaction anxiety ( $P=0.003$ ) and scrutiny fear ( $P=0.007$ ) in the training group as compared to the control group. Conclusion: Results of this research shows that one of the effective methods for treatment of social phobia is increasing individuals' self-efficacy for social situations by using techniques which have used in this research.

**Keywords:** Social Phobia; Self-efficacy; Social Situations.

## 1. Introduction

Social phobia which its central feature is marked and persistent fear of social interaction or performance in social situation because of worry about embarrassment, humiliation or negative evaluation, often is chronic and debilitating disorder (Ost, 1988; Schneier, Johnson, Horing, Liebowitz, and Weisman, 1992). Of course the construct involved do appear to fall into two distinguishable areas. Descriptors such as shyness, dating anxiety, heterosexual social anxiety, communication anxiety, and interpersonal anxiety, appear to share a common feature of describing difficulties mixing or interacting with others. By way of contrast, speech anxiety and scrutiny fears (e.g. eating, drinking, writing, etc.) appear distinct. In-as-much as these activities do not necessarily involve interacting with other people, but rather simply being in a situation where one is

being watched or observed, or feels others are watching, when undertaking the activity (Mattick and Clark, 1998; Leary, 1983). The DSM-III-R (American Psychiatric Association, 1987) has suggested this same distinction in specifying two important aspects of disturbance in social phobia. The National Comorbidity Survey (NCS) which utilized DSM-III-R (APA, 1987) criteria, revealed a lifetime prevalence rate of 13.3% for social phobia, making it the third most common psychiatric disorder (Furmark, 2000). Thus social phobia is widespread within the community. Following the huge increase in empirical studies on social phobia in the 1990's, the effects of various treatments also started to be evaluated Extensively (Furmark, 2000). Exposure therapy was first method which was used for treatment of social phobia. But studies have been shown that the treatment have some limitations; of them is that many of social phobics wouldn't show recovery or show a relative

recovery(Clark and Fairborn, 1997).Other behavioral methods such as applied relaxation, stress inoculation training, and social effectiveness therapy have had similar results(Turk, Fresco and Heimberg , 1999).

These limitations led to development cognitive treatments(Clark and Fairborn, 1997). Virtually all cognitive models of social phobia emphasize that social phobics are overly concerned with how they are being perceived and evaluated by others. In the cognitive perspective, social anxiety may emerge from an excess of negative thoughts, perceived personal shortcomings, excessively high standards for one's own performance, and/or unrealistic beliefs about the standards people ordinarily use to evaluate others. Attention to such a components led to development several cognitive behavioral for social phobia using previous cognitive and behavioral models; these methods consist of anxiety management training (Butler et al,1984), cognitive behavioral group treatment (Heimberg et al,1990), and guided exposure with cognitive restructuring(Mattick and peters,1988). But controlled studies have been shown that each one of these treatment methods have a specific effect on social phobia and only somewhat are effective for curing this disorder (Clark and Fairborn, 1997).

On the other hand evidence suggests that general self-efficacy, and social self-efficacy, are strongly connected to levels of social anxiety (Rudy, Davis and Matthews, 2012). Bandura (1977) defines self efficacy as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances". Since Bandura introduced the term, numerous researches have found self efficacy to be related to a wide range of clinical problems, including phobias, addiction, depression, social skills, assertiveness, stress and etc.(pajares,1997). According to Bandura(1997) socially anxious individuals differ from those who are not socially anxious mainly in dysfunctional beliefs of inefficacy rather than in their actual social skills. Once people form beliefs about their social efficacy they construct their social successes and failures in accordance with those beliefs. Leary and Atherton (1986) believe that the role of self efficacy in social phobia is related to the subjective probability of behaving in a manner to convey a particular impression. Schwarzer and Jerusalem (1992) provide an explanation linking self- efficacy to social anxiety based on degree of self- focus. self- focus, in the form of public self-awareness, occurs when individuals believe that they are being observed and evaluated by others. Those with low self-efficacy exhibit high public self-awareness, making them dwell on their deficiencies, envision failures, and become preoccupied with anticipated adverse consequences. Stopa and Clark(1993) believe that high levels of self- focus are characteristic of socially anxious individuals. They argued that thoughts of socially anxious individuals are not "data driven", but represent an automatic program activated in social situations and indicate a high degree of self-focus. According to Mahone, Bruch

and Heimberg (1993), social anxiety may be related to an underling negative self-schema biases perceptions of performance in social situations and results in low self-efficacy. Results of Rudy, Davis and Matthews' research( 2012) showed a significant association between negative self-statements and both general self-efficacy and social self-efficacy; Results also indicated that general self-efficacy fully mediated the relationship between negative self-statements and social anxiety. Koparan, Şahin, and Kuter(2010) found a negative relation between the teacher candidates self efficacy perception levels and social physical anxiety. Rodebaugh(2006) showed that self-efficacy ratings predicts social behavior in socially anxious participants specially in reference to a familiar speaking task. Muris(2002) found that social self-efficacy is most strongly connected to social phobia. Maddux, Norton and Leary (1988), asked participants to imagine themselves in several social situations and rate their self-efficacy and anxiety. They found that efficacy expectation correlated -.49 with participants' ratings of their expected anxiety and -.65 with a dispositional measure of social anxiety in social scenarios. Stopa and Clark (1993) asked individuals with social anxiety disorder, anxious controls, and nonpatient controls to talk with a confederate in a role play scenario and record their thoughts. Results showed that even though the social anxiety disorder participants performed poorer than controls on the role play task, their self-rating of competency were lower than observer ratings, representing their lower self-efficacy for social situations. Mahone et al (1993), in a research on Undergraduate men tested the hypothesis that social anxiety results from low self-efficacy create a favorable impression. The researchers found that the percentage of negative self-evaluative thoughts was inversely related to self-efficacy ratings collected prior to and early during the conversation. In addition self-efficacy was correlated with subjective anxiety ratings at the end of the conversation. Gaudiano and Herbert (2003), and Leary and Atherton (1986), point out psychotherapy for social anxiety may work to increase self-efficacy in social situations.

Bandura's cognitive behavior method for increase self efficacy is based on four main sources of influence one's way of creating a strong sense of efficacy is trough mastery experiences. Successes build a robust belief in one's personal efficacy. The second way of creating and strengthening self beliefs of efficacy is trough the vicarious experiences provided by social models. Social persuasion is a third way of strengthening self beliefs that they have what it takes to succeed. People also rely partly on the somatic and emotional states in judging their capabilities (Bandura,1994). Specially Bandura (1977) notes that performance accomplishments provides the most dependable increases in self-efficacy. According to Gaudiano and Herbert (2003), and Leary and Atherton (1986), basic methods of performance accomplishment in socially anxious individual

are positive-biased role playing, homework assignment between sessions and social skills training. Leary and Atherton (1986), suggested that positive-biased role plays, in which therapist ensures a positive outcome for the client through the social interaction, may be particularly important to incorporate in treatment. According to Gaudiano and Herbert (2003), Bandura's cognitive behavior therapy incorporate homework assignments for patients to complete between sessions to help them practice positive social interactions that may lead to increased confidence and self-efficacy for social situations. Role play exercise practiced in session serve a similar function. According to Gaudiano and Herbert (2003), also social skills training provides explicit instruction on how to perform more successfully in social situations which may increase self-efficacy. In addition they argued that efficacious treatments for social anxiety disorder, such as Bandura's cognitive behavior therapy, educate client about the origins of anxiety reactions and teach techniques for decreasing anxiety.

Therefore Bandura's method for increase self-efficacy is based on techniques similar to techniques using in other treatment methods for social phobia, such as cognitive behavior treatment, but as compared to them has this advantage that has together components of different previous methods such as exposure therapy, cognitive restructuring, and applied relaxation; Therefore it seems to this method be more effective as compared to previous methods. On the other hand psychologists believe that similarities of individuals with a especial kind of phobia (such as social phobia) makes them disposed for group treatment, because at group sessions, members can often exchange together their thoughts about methods of coping with situations and support and encourage each other (Hawton, Salkovskis, Kirk, and Clark, 1989). Gaudiano and Herbert's research (2003) is one of very few researches have conducted about effect of self-efficacy group training on increase self-efficacy for social situation and decrease social phobia. Results of this research showed that this treatment method significantly increase self-efficacy for social situation and this kind of self-efficacy is independent predictor of change in social phobia symptoms. Shyness in both children and adults has treated by using modeling. Clients have been learn overcome to their inhabitations and establish a better relationship with others (Schultz and Schultz, 1998). Black, Tran, Goldsmith, Thompson, Smith and Welge (2012) showed that decreased positive alcohol expectancies and increased self-efficacy relevant to social situations accounted for an average of 67% of the variance in treatment outcomes in a sample of college hazardous drinkers with social anxiety. Betz and Schifano (2000) found that interventions based on self-efficacy theory would increase College Women's confidence and interests in "Realistic" activities. Review of previous studies indicate that despair of numerous research have shown inverse relation between self-efficacy and

social phobia, about the effect of self-efficacy training on self-efficacy for social situations and social phobia have been published only one research (Gaudiano and Herbert, 2003), that conducted on individuals with various education level and using only role playing technique and didn't examine effect of self-efficacy training on two distinct dimension of social phobia. With respect to what was proposed, and with attention to this matter that in Iranian society similar to many other societies, it seems to prevalence of social phobia among females is more than among males, aim of this research was to determine the effect of self-efficacy group training on increase self-efficacy for social situations and reduce social phobia (consist of social interaction anxiety and social phobia scrutiny fear) in college females in isfahan university.

## 2. Method

### Participants

There were a total of 20 college females of Isfahan university in this study. All individuals reported symptoms meeting criteria for a principal diagnosis of Social Phobia, as determined by Diagnostic and Statistical Manual of Mental Disorders—4th edition (DSM-IV; American Psychiatric Association, 1994). In terms of demographic characteristics, the mean age of participants at pre-treatment assessment was 20.87 years ( $SD=1.20$ ); All of participants were unmarried undergraduate collage females, and no one of them was not on the job. Participants received course credit in exchange for their participation.

### Procedure

Participants were randomly assigned to two experimental and control groups. Before administration of the first session of group training, Self-efficacy for Social Situations Scale (SESS), Social Interaction Anxiety Scale (SIAS), and Social Phobia Scale (SPS) was administrated to both the experimental and control groups as the pre-test. Then eight sessions of self-efficacy group training was administrated for the experimental group. At the end of the group training sessions, the SIAS, SIAS, and SPS were administrated to both the experimental and control groups as post-tests.

The content of the sessions which was designed based on Bandura's self-efficacy theory and was focused on increasing the self-efficacy for social situations, consisted of enactive mastery exercise, role playing, lecture of guest model, verbal persuasion, education about the origins of social phobia and their reciprocal relations with self-efficacy for social situations, social skills training, relaxation education, and homework assignments.

### Measures

**Social interaction anxiety scale and social phobia scale (SIAS and SPS; Mattick & Clark, 1998):** The SIAS and

SPS comprise self-report measures of social interaction anxiety, and performance/scrutiny fears, respectively. Designed as companion measures in the assessment of social phobia, scores on each scale range from 0 to 80, with higher totals reflecting greater anxiety. Psychometric evaluation suggests that the SIAS and SPS represent reliable and valid measures of social phobia, with both scales demonstrating high internal consistency and test-retest reliability, as well as good discriminate and construct validity (e.g. Brown et al., 1997; Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992; Mattick & Clarke, 1998).

**Self-efficacy for social situations scale (SESS; Gaudiano and Herbert, 2003):** SESS is a new 9-item self-report measure designed to assess self-efficacy for social situations in socially anxious people. Participants rate each item on a Likert scale format from 1= Not at All Confident(or Not at All Bothersome or Not at All Possible) to 10=Very Confident (or Very Bothersome or Very Possible ). "Bothersome" items are reverse scored and higher numbers indicate higher self-efficacy for social situations.

The SESS was developed to assess three components of self-efficacy suggested from research: self-efficacy for coping skills, or the belief that one possesses the skills necessary to succeed in a feared situation; self-efficacy for cognitive control , or the belief that one will be able to control bothersome thoughts and worries, and self-efficacy for affective control ,or the belief that one will be able to control one's nervousness in a feared situation(Arch,1992).The SIAS demonstrated strong convergent validity, construct validity and internal consistency (Gaudiano and Herbert, 2003).

**Data analytic strategy.** Four analysis of covariance was used to analyze the data, with self-efficacy for social situations, social phobia, social interaction anxiety and social phobia scrutiny fear scores as the dependent variables respectively, baseline scores of each one of postintervention variables(respectively), age, and educational grade as the covariates, and self-efficacy group training as independent variable. Scores of social phobia obtained by summing of scores of Social interaction anxiety scale(SIAS) and social phobia scale( SPS). Data were analyzed using the statistical program SPSS (2005)

### 3. Results

Table 1 shows Pre and post test mean and standard deviation of scores on self- efficacy for social situations, total rate of social phobia, social interaction anxiety and social phobia scrutiny fear

Table 1. Pre and post test mean and standard deviation of scores on self- efficacy for social situation, total rate of social phobia, social interaction anxiety and social phobia scrutiny fear.

Measure	Experimental group		control group	
	Pre	post	Pre	post
SESS				
M	42/25	55/62	44/75	43/25
S.D.	10/01	10/64	12/92	14/11
SIAS+ SPS				
S.D.	23/34	20/82	19/84	17/98
SIAS				
M	35/78	16/37	30/62	33/62
S.D	7/08	10/23	10/58	9/26
SPS				
M	38/12	14/75	26/62	30/62
S.D	17/07	11/34	12/18	11/43

As shown in Table 1, in pre test, difference between experimental group and control group in terms of mean scores on self- efficacy for social situation, total rate of social phobia, social interaction anxiety and social phobia scrutiny fear is not significant; but in post test There were significant increase on scores of self- efficacy for social situation, and significant decrease on scores of total rate of social phobia, social interaction anxiety and fear of scrutiny.

Result of analysis of covariance for self- efficacy for social situation scores has shown Table 2

Table 2. Analysis of covariance for self- efficacy for social situation scores

Source	df	Mean of Square	F	P	Effect size	observed power
Pre-	1	912/63	9/77	0/010	0/47	0/81
Age(covariate)	1	43/04	0/46	0/511	0/04	0/095
Education grade (covariate)	1	0/96	0/01	0/921	0/001	0/05
group	1	604/23	6/47	0/027	0/37	0/64

Table 2 shows a significant difference between experimental group and control group on mean of residual scores of self- efficacy for social situations (P=0/027); Therefore after eliminate effects of control variables, self-efficacy group training has increased self-efficacy for social situation in experimental group as compared to control group. The effect size of the intervention on self- efficacy for social situations has been 0/37.

Result of analysis of covariance for total rate of social phobia scores has shown Table 3.

Table 3.. Analysis of covariance for total rate of social phobia scores

Source	df	Mean of Square	F	P	Effect size	observed power
Pre-	1	1605/0	6/33	0/029	0/36	0/63
Age(covariate)	1	707/15	2/70	0/123	0/20	0/33
Education grade (covariate)	1	737/1	2/90	0/116	0/21	0/34
group	1	3680/5	14/50	0/003	0/57	0/93

Table 3 shows a significant difference between experimental group and control group on mean of residual scores of total rate of social phobia ( $P=0/003$ ); Therefore after eliminate effects of control variables, self-efficacy group training has decreased total rate of social phobia in experimental group as compared to control group. The effect size of the intervention on total rate of social phobia has been 0/57.

Result of analysis of covariance for social interaction anxiety scores has shown Table 4.

Table4. Analysis of covariance for social interaction anxiety scores

Source	df	Mean of Square	F	P	Effect size	observed power
Pre-	1	411/33	7/62	0/019	0/41	0/71
Age(covariate)	1	179/84	3/33	0/095	0/23	0/38
Education grade (covariate)	1	224/36	4/15	0/066	0/27	0/46
group	1	912/68	16/90	0/002	0/61	0/96

Table 4 shows a significant difference between experimental group and control group on mean of residual scores of social interaction anxiety ( $P=0/002$ ); Therefore after eliminate effects of control variables, self-efficacy group training has decreased social interaction anxiety in experimental group as compared to control group. The effect size of the intervention on social interaction anxiety has been 0/61

Table5. Analysis of covariance for social phobia scrutiny fear scores

Source	df	Mean of Square	F	P	Effect size	observed power
Pre-	1	722/14	6/25	0/03	0/36	0/62
Age(covariate)	1	179/3	1/96	0/189	0/15	0/25
Education grade (covariate)	1	127/61	1/39	0/263	0/11	0/19
group	1	978/42	10/68	0/007	0/49	0/84

Result of analysis of covariance for scrutiny fear scores has shown in Table 5.

Table 5 shows a significant difference between experimental group and control group on mean of residual scores of social phobia scrutiny fear ( $P=0/007$ ); Therefore after eliminate effects of control variables, self-efficacy group training has decreased social phobia scrutiny fear in experimental group as compared to control group. The effect size of the intervention on social phobia scrutiny fear has been 0/49.

## 4. Discussion

The results of this research showed that self- efficacy group training significantly increased self-efficacy for social situations, and significantly reduced the degree of social phobia, social interaction anxiety and social phobia scrutiny fear in the training group as compared to the control group.

The results of this research about effect of self- efficacy group training on increase of self-efficacy for social situations in college females are consistent with results of Gaudiano and Herbert's study(2003). This effect can be explained based on using techniques and methods such as practical exercise(e.g. speaking in front of others ), role playing (e.g. playing role of speaking with someone in authority) and homework assignments was focused on feared activities, in this treatment model. These techniques and methods probably have provided field for doing activities which many of subjects previously avoid them and as result they couldn't have a real evaluation about rate of own ability for doing that activity. Settling in social situations and comparing own feelings and own interpretations with others view of point and others feedback leads to correcting person's dysfunctional beliefs about own performance and kind of others evaluation, and therefore individual's confidence being able to successfully perform a specific behavior, would reinforce; and this is same increase self-efficacy for social situations. Bandura(1977, 1997) notes that performance accomplishments produce the most dependable increases in self-efficacy in various situations including social and performance situations. He belief that socially anxious individuals differ from those who are not socially anxious mainly in dysfunctional beliefs of inefficacy rather than in their actual social skills. Also using techniques such as lecture of guest model, verbal persuasion, and applied relaxation probably have helped to correcting subjects' dysfunctional beliefs, and have reinforced their believe that they have the requisite skills to accomplish the task at hand; specially for the reason that guest models were college student and previously had encountered with problems similar to subjects' problems.

The results of this research about effect of self- efficacy group training on reduce of total rate of female students' social phobia confirm results of Gaudiano and Herbert's

study(2003).

For explain of effect of self- efficacy group training on reduce total rate of female student's social phobia can say that doing frightening activities in mould of behavior exercise, role playing, and homework assignments provides feedback for person; the feedback corrects underestimate of own performance and deviated interpretations about others evaluation which produce severe anxiety and is reinforced by avoidance behavior, and individual's confidence being able to successfully perform a specific behavior, would reinforce; these mechanisms in turn through increasing self-efficacy for social situations have helped to reduce social phobia. According to Bandura(1997) people avoid situations and activities that can be aversive not because they are not beset with anxiety but because they believe they are unable to manage the risky aspects. Based on social cognitive theory, mastery experience is the principal vehicle of personal change; guided mastery is the most powerful form for enhancing beliefs of personal- efficacy, reducing anxiety, and restoring behavioral functioning (Bandura,1997). He belief that therapists must create enabling environmental conditions so that phobics can perform successfully despite themselves; for this purpose difficult or intimidating tasks are broken down into subtasks of readily mastered steps. According to Bandura(1997) joint performance of intimidating activities increases attention to and awareness of situations, and exercise of control over outcomes; moreover he belief that presence of familiar persons reduces stress reactions and increases boldness and modifies faulty thought patterns. It seems to also vicarious experience which carried out by lecture of guest models and verbal persuasion in which presented examples about individual who previously were socially phobics and now overcome their problems, have helped to reduce social phobia.

Effect of self efficacy group training on reduce social interaction anxiety can be explained mainly based on role playing technique and social skills training used in this research. Playing role of actions such as interaction with someone in authority, how and what about speaking with other person and coping with tense arousing from silence, education of social skills such as overcome obstacles of interaction with other persons and using of facilitating factors of the interaction, and assertive behavior probably have provided field for receive feedback from other persons and awareness their point of view about performance of subjects; This often leads to correcting dysfunctional beliefs and deviated cognitions and improving performance, and as result person's concerns about problems such as be brushing and trembling and fear of saying foolish things or not being able to answer questions in social situations, which is one of central future of social interaction anxiety, would reduce. On the other hand supportive atmosphere has provided by training sessions probably has eliminated fear of being ignored in subjects. According to Gaudiano and Herbert (2003), Bandura's cognitive behavior therapy incorporate

homework assignments for patients to complete between sessions to help them practice positive social interactions that may lead to increased confidence and self-efficacy for social situations; Role play exercise practiced in session serve a similar function.

Effect of self efficacy group training on reduce social phobia scrutiny fear can be explained in this manner which settling in social situations and doing feared activities through receiving feedback leads to correcting dysfunctional beliefs about kind of others evaluation about subjects' performance and they became convinced which others scrutiny in their performance is less than what they were imagining, and also aim of the amount of scrutiny often is not fault-finding. Supportive atmosphere of group training sessions as well as carry out techniques such as lecture of guest models and verbal persuasion probably has helped to this treatment process. On the other hand mastery performance have which facilitated by using mentioned techniques, probably has reinforced belief in self-efficacy for social situations and has led to reduce of their distress while doing feared activities, and as result their sensitivity to others scrutiny has reduced. Results of this research shows that one of the effective methods for treatment of social phobia is increasing individuals' self- efficacy for social situations by using techniques which have used in this research.

## 5. References

- [1] American Psychiatric Association.(1987).Diagnostic and statistical manual of mental disorders(3<sup>rd</sup> edition, Revised).Washington, DC.
- [2] American Psychiatric Association.(1994). Diagnostic and statistical manual of mental disorders (4th ed.), American Psychiatric Association, Washington, DC.
- [3] Bandura,A.(1997).Self-efficacy: The exercise of control. NewYork: Freeman.
- [4] Bandura,A.(1994).Self-efficacy.in:V.S.Ramachandran(Ed.),Encyclopedia of human behavior (vol.4,pp.71-81).NewYork: Academic Press.(Reprinted in Riedman(Ed.), Encyclopedia of mental health .San Diego: Academic Press,1998).
- [5] Bandura,A.(1977).Social Learning Theory. Englewood Cliff, NJ: Prentice-Hall.
- [6] Betz,N.E.,and Schifano,R.S.(2000).Evaluation of intervention to increase realistic self-efficacy and interest in college women Journal of Vocational Behaviour,56,1,35-53.
- [7] \*Black, J.J., Tran, G.Q., Goldsmith, A.A., Thompson, R.D., Smith, J.P., and Welge, J.A. (2012). Alcohol expectancies and social self-efficacy as mediators of differential intervention outcomes for college hazardous drinkers with social anxiety. Addictive Behaviors, 37, 3, 248-255.
- [8] Brown,E.J., Turovsky,J. ,Heimberg, R.G., Juster,H.R., Brown,T.A.,and Barlow,D.H.(1997). Validation of the social interaction anxiety scale and social phobia scale across the anxiety disorders. Psychological Assessment,9, 21-27.
- [9] Butler,G, Cullington,A.,Munby,M.,Amies,L.,and

- Gelder, M.G. (1984). Exposure and anxiety management in the treatment of social phobia. *Journal of Consulting and Clinical Psychology*, 56, 251-260.
- [10] Clark, D.M., and Fairburn, C.G. (1997). *Science and Practice of Cognitive Behavior Therapy*. Oxford: Oxford University Press.
- [11] Gaudiano, B. A. and Herbert, J. D. (2003). Preliminary psychometric Evaluation of a New self-efficacy Scale and Its Relationship to treatment outcome in social anxiety disorder. *Cognitive Therapy and research*, 27, 537-555.
- [12] Gore, K.L., Crter, M.M, and Parker, S. (2000). Predicting anxious response to a social challenge: The predictive utility of the social interaction anxiety scale and the social phobia scale in a college population. *Behaviour Research and Therapy*, 40, 689-700.
- [13] Hawton, K., Salkovskis, P.M., Kik, J., and Clark, D.M. (1989). *Cognitive Behavior Therapy for Psychology Problems: A Practical Guide*. Oxford: Oxford University Press.
- [14] Heimberg, R.G., Mueller, G.P., Holt, C.S., Hope, D.A., and Liebowitz, M.R. (1992). Assessment of anxiety in social interaction and being observed by others: The Social Interaction Anxiety Scale and the Social Phobia Scale. *Behaviour Therapy*, 23, 53-57.
- [15] Heimberg, R.G., Dodge, C.S., Hope, D.A., Kennedy, C.R., and Zollo, L.J. (1990). Cognitive behavioural Group treatment for social phobia: Comparison with a credible placebo control. *Cognitive Therapy and Research*, 14, 1-23.
- [16] \*Koparan, Ş., Şahin, E and Kuter, F. (2010). A comparison on of self-efficacy perception and social physical anxiety levels of teacher candidates at Physical Education Department. *Procedia - Social and Behavioral Sciences*, 2, 2, 3932-3937.
- [17] Leary, M.R., and Atherton, S.C. (1986). Self-efficacy, social anxiety, and inhibition in interpersonal encounters. *Journal of Social and Clinical Psychology*, 4, 256-267.
- [18] Leary, M.R. (1983). Social anxiousness: The construct and its measurement. *Journal of Personality Assessment*, 47, 66-75.
- [19] Mattick, R.P., and Clarke, J.S. (1998). Development and validation of measure of social phobia scrutiny fear and social interaction anxiety. *Behaviour research and therapy*, 36, 455-470.
- [20] Mattick, R.P., Peters, L. (1988). Treatment of social phobia: Effects of guided exposure with and without cognitive restructuring. *Journal of Consulting and clinical Psychology*, 36, 251-260.
- [21] Muris, P. (2002). Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample. *Personality and Individual Differences*, 32, 2, 337-348.
- [22] Norton, J.R., Cox, B., J. Hewitt, P. L. and Mcleod, L. (1997). Personality factor associated with generalized and non generalized social anxiety. *Personality and Individual Differences*, 22, 655-660.
- [23] sman, A., Gutierrez, P.M., Barrios, F.X., Kooper, B.A., Chiros, S.E. (1998). The social phobia and interaction anxiety scale: Evaluation of psychometric properties. *Journal of Psychopathology and Behavioral Assessment*, 20, 249-264.
- [24] .G. (1988). Applied relaxation: Description of an effective coping technique. *Scandinavian. Journal of Behaviour Therapy*, 17, 83-96
- [25] Pajares, F. (1997). Current disorder in self-efficacy research. In M. Maehr and P.R. Pintrich (Eds.), *Advances in Motivation and Achievement* (Vol 10, PP. 1-49). Greenwich, ct: Jaipress.
- [26] Peters, L. (2000). Discriminatory validity of the social phobia and anxiety inventory (SPAI), the social phobia scale (SPS) and the social interaction anxiety scale (SIAS). *Behaviour Research and Therapy*, 38, 943-950.
- [27] Ries, B.J., McNeil, D.W., Boon, M.L., Turk, C.L., Carter, L.E., and Heimberg, R.G. (1998). Assessment of contemporary social phobia verbal report instrument. *Behaviour research and therapy*, 36, 983-994.
- [28] \*Rodebaugh, T. L. (2006). Self-efficacy and social behavior. *Behaviour Research and Therapy*, 44, 12, 1831-1838.
- [29] \*Rudy, B.M., Davis, T.E., and Matthews, R.A. (2012). The Relationship among self-efficacy, negative self-referent cognitions, and social anxiety in children: A multiple mediator model. *Behavior Therapy*, 43, 3, 619-628.
- [30] Safren, S.A., Turk, C.L., and Heimberg, R.G. (1998). Factor structure of the social interaction anxiety scale and the social phobia scale. *Behaviour Research and Therapy*, 36, 443-453.
- Schneier, F.R., Johnson, J, Horing, C.D., Liebowitz, M.R., and Weisman, M.M. (1992). Social phobia: Comorbidity and morbidity in an epidemiologic sample. *Psychiatry*, 49, 282-288.
- [31] Schultz, D.P., and Schultz, S.E. (1998). *Theories of Personality*. Sixth Edition.
- [32] Schwarzer, R., and Jerusalem, M. (1992). Advances in anxiety theory: A cognitive process approach. In K.A. Hagtvet and T.B. Johnson (Eds.), *Advances in test anxiety*. Archives of General research (Vol. 7, pp. 217) Amsterdam, The Netherlands: Swets and Zeitlinger.
- [33] SPSS 13.0. (2005). *Statistical package for the social sciences*. SPSS Inc.
- [34] Stopa, L., and Clark, D.M. (1993). Cognitive processes in social phobia. *Behaviour Research and Therapy*, 31, 255-267.
- Turk, C.L., Fresco, D.M. and Heimberg, R.G. (1999). Social phobia: Cognitive behavior therapy. In M. Hersen and A.S. Bellack (Eds.), *Handbook of Comparative Treatments of adult Disorders*, 2nd edition (PP. 283-316). New York: John Wiley and sons.

## Author Introduction

Author1: Azam Moradi, PhD; She is professor assistant at Educational Science and Psychology Department, Payame Noor University, I. R. of IRAN; Her research interests are positive psychology, psychology of disabled persons, abnormal psychology, religious psychology

Author2: Fatemeh Gholami Renani; She has MSc from Department of Psychology, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, I. R. of IRAN; Her

research interest is abnormal psychology

Author3: Mohammad Bagher Kajbaf, PhD; He is professor associate at Department of Psychology, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, I. R. of IRAN; His research interest is abnormal psychology, religious psychology, exceptional children

Author4: Hamid Taher Neshat-Doost, PhD, He is professor associate at Department of Psychology, Faculty of Educational Sciences and Psychology, University of Isfahan, Isfahan, I. R. of IRAN; His main research interest is abnormal psychology and cognitive-behavior therapy